

1 AN ACT to create the Access to Health Care Planning Act.

2 Be it enacted by the People of the State of Illinois,
3 represented in the General Assembly:

4 Section 1. Short title. This Act may be cited as the
5 Access to Health Care Planning Act.

6 Section 5. Legislative findings. The General Assembly
7 recognizes that an estimated 1,513,000 Illinoisans are
8 without health insurance, a growing number of Illinoisans are
9 under-insured, the consumer's share of the cost of health
10 insurance is growing, coverage in benefit packages is
11 decreasing, and record numbers of consumer complaints are
12 lodged against managed care companies regarding access to
13 necessary health care services. The General Assembly
14 believes that the State must work to assure access to quality
15 health care for all residents of Illinois, and at the same
16 time, the State must contain health care costs while
17 maintaining and improving the quality of health care. The
18 General Assembly finds that community-based primary health
19 care services provided by a wide range of qualified health
20 care providers is the most effective way to achieve the
21 health and well-being of residents of Illinois.

22 Section 10. Policy. It is the policy of the State of
23 Illinois to insure that all residents have access to quality
24 health care at costs that are affordable.

25 Section 15. Health care access plan. On or before
26 December 31, 2005, the State of Illinois shall implement a
27 health care access plan that does the following:

28 (1) provides access to a full range of preventive,
29 acute, and long-term health care services;

1 (2) maintains and improves the quality of health
2 care services offered to Illinois residents;

3 (3) provides portability of coverage, regardless of
4 employment status;

5 (4) provides uniform benefits for all Illinois
6 residents;

7 (5) encourages regional and local consumer
8 participation in decisions about health care delivery,
9 financing, and provider supply;

10 (6) controls capital and overall expenditures;

11 (7) provides global budgeting for health care
12 providers;

13 (8) avoids unnecessary duplication in the
14 development and availability of health care facilities
15 and services;

16 (9) provides a mechanism for reviewing and
17 implementing multiple approaches to preventive medicine
18 based on new technologies; and

19 (10) implements comprehensive health planning tied
20 to a unified State health care budget.

21 Section 20. Bipartisan Health Care Reform Commission.
22 There is created a Bipartisan Health Care Reform Commission.
23 The Commission shall consist of 30 members including the
24 Director of the Department of Public Health or his designee,
25 the Director of the Department on Aging or his designee, the
26 Director of the Department of Public Aid or his designee, the
27 Director of the Department of Insurance or his designee, and
28 3 members from the Department of Human Services, including
29 the Secretary of Human Services or his designee, the Director
30 of the Division of Community Health and Prevention or his
31 designee, and the Director of the Division of Disability and
32 Behavioral Health Services, or his designee, all of whom
33 shall be ex-officio non-voting members. Voting members of

1 the Commission shall include 2 members appointed by the
2 President of the Senate, 2 members appointed by the Minority
3 Leader of the Senate, 2 members appointed by the Speaker of
4 the House of Representatives, and 2 members appointed by the
5 Minority Leader of the House of Representatives. The
6 remaining 15 members shall be appointed by the Governor and
7 shall include health care consumers, advocates for health
8 care consumers, health care providers, health policy
9 analysts, representatives from organized labor,
10 representatives from the business community, economists, and
11 a representative from a statewide advocacy organization for
12 persons with disabilities. Physicians, nurses, social
13 workers, and health care administrators shall have
14 representation on the Commission. Appointment of members of
15 the Commission shall ensure proportional representation with
16 respect to geography, ethnicity, race, gender, and age. The
17 Commission shall have a chairman and a vice-chairman who
18 shall be elected by the voting members at the first meeting
19 of the Commission. The members of the Commission shall be
20 appointed by September 1, 2001. The Departments of State
21 government represented on the Commission shall work
22 cooperatively to provide administrative support for the
23 Commission.

24 Section 25. Public hearings and preliminary report.

25 (a) The Commission shall seek public input on the
26 development of the health care access plan by holding at
27 least 10 public hearings in different geographic locations in
28 the State, including urban, rural, suburban, and small city
29 sites between September 1, 2001, and December 1, 2002. The
30 Commission may also consult with health care providers,
31 health care consumers, and other appropriate individuals and
32 organizations to assist in the development of the health care
33 access plan.

1 (b) The Commission shall submit a preliminary report on
2 the status of the health care access plan to the General
3 Assembly and the Governor by no later than January 1, 2003.
4 The preliminary report shall be based upon the meetings of
5 the Commission and the public hearings and shall include a
6 comparison analysis of proposals for health care coverage.

7 Section 30. Public hearings and final report. Following
8 the submission of its preliminary report, the Commission
9 shall hold 10 additional public hearings in different
10 geographic locations in the State, including urban, rural,
11 suburban, and small city sites to obtain public input in the
12 development of the final health care access plan. These
13 hearings shall be held between January 2, 2003 and December
14 31, 2004. The Commission shall also ensure that residents
15 throughout the State of Illinois are informed about the
16 different plan proposals under consideration including the
17 content of each of the plan proposals and the impact each may
18 have on the quality and availability of health care in
19 Illinois.

20 No later than January 1, 2005, the Commission shall
21 submit its final report on the health care access plan to the
22 General Assembly and the Governor. The final report may
23 recommend more than one type of plan and alternative methods
24 of funding the plan. The final report shall make
25 recommendations that, if implemented, provide access to a
26 full range of preventive, acute, and long-term health care
27 services to residents of the State of Illinois by December
28 31, 2005, including:

- 29 (1) an integrated system or systems of health care
30 delivery;
- 31 (2) incentives to be used to contain costs and
32 direct resources;
- 33 (3) uniform benefits that would be provided under

1 each type of plan;

2 (4) reimbursement mechanisms for health care
3 providers;

4 (5) administrative efficiencies;

5 (6) mechanisms for generating spending priorities
6 based on multidisciplinary standards of care established
7 by verifiable replicated research studies demonstrating
8 quality and cost effectiveness of interventions,
9 providers, and facilities;

10 (7) mechanisms for applying and implementing the
11 unified health care budget on a statewide basis to all
12 sectors of the health care system;

13 (8) methods for reducing the cost of prescription
14 drugs both as part of, and as separate from, the health
15 care access plan;

16 (9) appropriate reallocation of existing health
17 care resources;

18 (10) equitable financing of each proposal; and

19 (11) recommendations concerning the delivery of
20 long-term care services, including:

21 (A) those currently covered under Title XIX of
22 the Social Security Act;

23 (B) recommendations on potential cost sharing
24 arrangements for long-term care services and the
25 phasing in of such arrangements over time;

26 (C) consideration of the potential for
27 utilizing informal care-giving by friends and family
28 members;

29 (D) recommendations on cost-containment
30 strategies for long-term care services;

31 (E) the possibility of using independent
32 financing for the provision of long-term care
33 services; and

34 (F) the projected cost to the State of

1 Illinois over the next 20 years if no changes were
2 made in the present system of delivering and paying
3 for long-term care services.

4 The final report shall also include findings from the
5 public hearings held by the Commission between January 2,
6 2003, and December 31, 2004. In addition, the Commission
7 shall present in its final report the range of services that
8 would be available under each plan proposal if there were to
9 be no increase, beyond inflation, in the total gross health
10 care expenditures in Illinois as determined by the Commission
11 for the first year that the health care access plan would be
12 in effect. The plan proposals shall also address any
13 anticipated or actual changes in federal policies regarding
14 the availability and cost of health care and assess their
15 adequacy for achieving the goals of this Act. The Commission
16 shall consult with the Illinois Department on Aging in
17 developing its recommendations on long-term care services.

18 Section 35. Effective Date. This Act takes effect upon
19 becoming law.